


<b>Issue Classification</b> 	<b>Application No.</b> 08/833,838	<b>Applicant(s)</b> GAYNOR ET AL.	
	<b>Examiner</b> G. R. Ewoldt, Ph.D.	<b>Art Unit</b> 1644	

ISSUE CLASSIFICATION									
ORIGINAL		CLASS	CROSS REFERENCE(S)						
CLASS	SUBCLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)						
424	185.1	530	300	326	327	328	329	330	
INTERNATIONAL CLASSIFICATION									
A 61 K	39100								
	38100								
C 07 K	14100								
	16100								
	17100								
(Assistant Examiner) (Date) <i>Spiga N. Duckett</i> 2/11/05 (Legal Instruments Examiner) (Date)		158 Ewoldt 2/10/05 <b>G.R. EWOLDT, PH.D.</b> <b>PRIMARY EXAMINER</b> (Primary Examiner) (Date)					Total Claims Allowed: 9 O.G. Print Claim(s): 1 O.G. Print Fig.: NONE		

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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08/833838		Class		Subclass		ISSUE CLASSIFICATION		SCANNED	
UTILITY SERIAL		PATENT DATE		PATENT NUMBER					
SERIAL NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER				
08/833,838	04/10/97	435							
APPLICANTS: BRUCE D. GAYNOR, PELHAM, NY; BETTY A. DIAMOND, BRONX, NY; MATTHEW D. SCHARFF, LARCHMONT, NY; <i>Philippe Valadon, N.Y., N.Y.</i>									
**CONTINUING DATA***** VERIFIED THIS APPLN IS A CIP OF 08/531,832 09/20/95 PAT 6.001.964 <i>OK-JRE</i>									
**FOREIGN APPLICATIONS***** VERIFIED <i>none-JRE</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/11/00 ** SMALL ENTITY **									
Foreign priority claimed 35 USC 119 conditions met		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	AS FILED	STATE OR COUNTRY	SHEETS DRWGS.	TOTAL CLAIMS	INDEP. CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
Verified and Acknowledged		<i>OK-JRE</i>	<i>OK-JRE</i>	N.Y.	5	52	10	4252.00	94700/451
ADDRESS: AMSTER ROTHSTEIN & EBENSTEIN 90 PARK AVENUE NEW YORK NY 10016									
TITLE: PEPTIDES FOR THE TREATMENT AND DIAGNOSIS OF SYSTEMIC LUPUS ERYTHEMATOSUS									
U.S. DEPT. OF COMM/PAT. & TM--PTO-436L (Rev. 12-94)									
<b>P</b>									
PARTS OF APPLICATION FILED SEPARATELY					Applications Examiner				
NOTICE OF ALLOWANCE MAILED					CLAIMS ALLOWED				
					Total Claims		Print Claim		
Assistant Examiner									
ISSUE FEE					DRAWING				
Amount Due	Date Paid				Sheets Drwg.	Figs. Drwg.	Print Fig.		
Label Area					ISSUE BATCH NUMBER				
Primary Examiner					PREPARED FOR ISSUE				
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Form PTO-436A  
(Rev. 6/92)

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